FORM D

UNITED STATES 13494 SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing Section

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Washington, DC 106

5c2 0.5 2008

| Estimated avera | August 31, 2008 age burden 16.00 |
|-----------------|--|
| SEC | USE ONLY |
| Prefix | Serial |
| 1 | 1 |
| DATE | RECEIVED |
| 1 | 1 |

| Name of Offering | Name of Offering (check if this is an amendment and name has changed, and indicate change.) | | | | | | | | |
|---|--|-----------------------|-----------------------|---------------------------|----------------------------|---|--|--|--|
| Limited Partnership Interests of Edge Partners II, LP | | | | | | | | | |
| Filing Under (Check I | pox(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | Rule 506 | Section 4(6) | ULOE | | | |
| Type of Filing: | □ New Filing | | | | | | | | |
| | | A. BASIC | DENTIFICAT | ION DATA | 1/11/11/1 | 1888 8 18 8 18 18 18 18 | | | |
| 1. Enter the inform | ation requested about the is | suer | | | | | | | |
| Name of Issuer | check if this is an amer | ndment and name h | as changed, and in | dicate change. | 110000 0010 | | | | |
| Edge Partners II, LP | 1 | | | | (| 08059484 | | | |
| Address of Executive | Offices | | (Number and Stree | et, City, State, Zip Co | ode) Telephone Nu | Telephone Number (Including Area Code) | | | |
| c/o Edge Asset Mana | agement, LLC, 1380 West Pa | | (404) 264-3573 | | | | | | |
| Address of Principal | Offices | | (Number and Stree | ode) Telephone <u>N</u> u | mber (Including AT a Code) | | | | |
| (if different from Exec | cutive Offices) | | | | | ROCESSED Code) | | | |
| Brief Description of B | usiness: | | | | | SEP 1 1 2008 S | | | |
| Private Investment | Company | | | | | | | | |
| Type of Business Org | ganization | | | , | ₹11 | OMSON REUTERS | | | |
| [| ☐ corporation | 🖾 limited p | artnership, already | formed | other (please 5 | PM2014 ICE 1 TO 1 T | | | |
| | Dusiness trust | limited p | artnership, to be for | med | | | | | |
| | | _ | Month | Year | <u>r</u> | | | | |
| Actual or Estimated [| Date of Incorporation or Orga | nization: | 1 1 | 0 | 6 | tual Estimated | | | |
| Jurisdiction of Incorpo | oration or Organization: (En | ter two-letter U.S. F | ostal Service Abbre | eviation for State; | | | | | |
| | | CI | N for Canada; FN fo | r other foreign jurisdi | iction) D | E | | | |

GENERAL INSTRUCTIONS Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | | A. DAOIO | DEITH IOATION DATA | | | | | | | | |
|--|---|------------------------------|------------------------|------------------|-----------------------------------|--|--|--|--|--|--|
| Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. | | | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☑ General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | Edge Asset Manage | ment, LLC | | | | | | | | |
| Business or Residence Addi 1000, Atlanta, GA 30327 | ress (Number and | Street, City, State, Zip Co | de): c/o Edge Asset Ma | nagement, LLC, 1 | 380 West Paces Ferry Road, Suite | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | Henry M. T. Jones (F | Managing Member) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code): c/o Edge Asset Management, LLC, 1380 West Paces Ferry Road, Suite 1000, Atlanta, GA 30327 | | | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☑ General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | Full Name (Last name first, if individual): William A. Maner IV (Managing Member) | | | | | | | | | | |
| Business or Residence Addi 1000, Atlanta, GA 30327 | ress (Number and | Street, City, State, Zip Co | de): c/o Edge Asset Ma | nagement, LLC, 1 | 380 West Paces Ferry Road, Suite | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | Jones, Charles | | | | | | | | | |
| Business or Residence Addi 1000, Atlanta, GA 30327 | ress (Number and | Street, City, State, Zip Co | de): c/o Edge Asset Ma | nagement, LLC, 1 | 380 West Paces Ferry Road, Suite | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | | | | | | | | | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip Co | de): | | | | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | | | | | | | | | | |
| Business or Residence Addi | ress (Number and | Street, City, State, Zip Co | de): | | | | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | | | | | | | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Co | de): | | | | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, i | f individual): | | | | | | | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Coo | de): | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |

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| | | | | - | 8. | INFORM | MATION | AROU | OFFER | ING | | · . | |
|---------------------|---|---|---|--|---|---------------------------------------|--|--|---|---|--------------------------|--------|---------------|
| | • | | | • • • | | | | | | | | _ | |
| 1. | Has the issue | er sold, or (| does the is | suer inten | | | edited inve pendix, Co | | | | | ☐ Yes | ⊠ No |
| 2. | • | | | | | | | | | | 00,000 nay be waived | | |
| 3. | Does the offering permit joint ownership of a single unit? | | | | | | | | | | □No | | |
| | Enter the info any commiss offering. If a and/or with a associated pe | ion or simi person to ! state or st | lar remune be listed is ates, list th | eration for a an associ ne name of | solicitation ated perso f the broke | of purcha on or agen r or deale | sers in cor t of a brok r. If more t | nnection w er or deale than five (| ith sales o er registere 5) persons | f securities d with the to be liste | s in the SEC d are | | |
| Full f | lame (Last na | ame first, it | individual |) | | | | | | | | | |
| Busin | ness or Resid | ence Addr | ess (Numb | er and Str | eet, City, | State, Zip | Code) | | | | | | |
| Nam | e of Associate | ed Broker | or Dealer | | | | | | | | | | |
| | s in Which Po (Check *Ali S | | | | | | | | | | | | ☐ All States |
| □ { <i>A</i> | • | [AZ] | | | • | | | | | | [HI] | □ [ID] | Ca All Clates |
| [] | [NI] 🔲 [L | □ [IA] | ☐ [KS] | [KY] | □ [LA] | [ME] | ☐ [MD] | ☐ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| □ [N | IT) 🔲 [NE] | □ [NV] | □ [NH] | [NJ] | □ [NM] | □ [NY] | □ [NC] | | □ (OH) | | □ [OR] | □ [PA] | |
| □ (F | ii] 🔲 [SC] | ☐ [SD] | □ [TN] | □ (XT) | | □ [VT] | □ [VA] | [WA] | □ [WV] | [M] | □ [WY] | 🗌 (PR) | |
| Full I | lame (Last na | ame first, it | individual |) | | | | | | | | | |
| Busin | ess or Resid | ence Addr | ess (Numt | er and Str | eet, City, S | State, Zip | Code) | | | | | | |
| Nam | of Associate | ed Broker o | or Dealer | | | | | , | | | | | |
| | s in Which Pe (Check "All S | | | | | | | | | | | | ☐ All States |
| □ [A | L) [AK] | [AZ] | ☐ [AR] | ☐ [CA] | ☐ [CO] | | [DE] | | [FL] | ☐ [GA] | ☐ (HI) | □ [ID] | |
| <u> </u> | .] 🔲 [IN] | □ [IA] | ☐ [KS] | | | | | | | | ☐ [MS] | | |
| [N | | | □ [NH] | | | | | | | | □ [OR] | ☐ [PA] | |
| [F | | | ☐ [TN] | □ [TX] | □ {UT] | | □ [VA] | □ [WA] | | | [YW] | ☐ (PR) | |
| Full ! | lame (Last na | ame first, if | individual |) | | | | | | | | | |
| Busin | ess or Resid | ence Addr | ess (Numb | er and Str | eet, City, S | State, Zip (| Code) | | | | | | |
| Nam | of Associate | ed Broker o | or Dealer | | | | | | | | | | |
| | s in Which Pe (Check "All S | | | | | | | | | | | | ☐ All States |
| □ [A | | ☐ [AZ] | | | | | | | | | ☐ (HI) | □ [ID] | |
| □ (II |] 🔲 [IN] | □ [IA] | ☐ [KS] | □ [KY] | □ [LA] | ☐ [ME] | ☐ [MD] | ☐ (MA) | [MI] | [MN] | ☐ [MS] | [MO] | |
| □ {N | I∏ □[NE] | □ [NV] | | □ [NJ] | [NM] | □ [NY] | ☐ [NC] | □ [ND] | | □ [OK] | □ [OR] | □ [PA] | |
| | II DISCL | □ (SD) | □ ITNI | ППХІ | | III (VIII | □ /\/ ∆ 1 | □ rwΔ1 | □ rw//ı | ☐ rwn | □ rv/v1 | □ (PR) | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| 1 | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and | | | | |
|----|--|-----------|-----------------------------|---------------|--|
| | already exchanged. | | Aggregate Offering Price | | Amount Afready Sold |
| | Type of Security | | | • | |
| | Debt | | | <u>\$</u> | 0 |
| | Equity | \$ | 0 | \$ | 0 |
| | ☐ Common ☐ Preferred | | | | |
| | Convertible Securities (including warrants) | \$ | 00 | <u>\$</u> | <u> </u> |
| | Partnership Interests | <u>\$</u> | 100,000,000 | <u>\$</u> | 28,018,757 |
| | Other (Specify) | \$ | 0 | <u>\$</u> | 0 |
| | Total | \$ | 100,000,000 | \$ | 28,018,757 |
| | Answer also in Appendix, Column 3, if filing under ULOE | | - | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | | | | | |
| | Accredited Investors | | | | 28,018,757 |
| | Non-accredited Investors | | | \$ | 0 |
| | Total (for filings under Rule 504 only) | · | 0 | <u>\$</u> | 0 |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1. | | | | |
| | Type of Offering | | Types of Security | | Dollar Amount Sold |
| | Rule 505 | | N/A | \$ | N/A |
| | Regulation A | | N/A | \$ | N/A |
| | Rule 504 | | N/A | s | N/A |
| | Total | | N/A | . <u>-</u> | N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | 100 | . <u>*-</u> . | |
| | Transfer Agent's Fees | | 🗖 | \$ | 0 |
| | Printing and Engraving Costs | | 🗖 | \$ | 0 |
| | Legal Fees | | 🛛 | \$ | 44,799 |
| | Accounting Fees | | | \$ | 0 |
| | Engineering Fees | | | \$ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | s | 0 |
| | Other Expenses (identify) | | | s | 0 |
| | Total | | D | · | 44 799 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | | · | | | | | '' ' ' ' |
|-----|---|-------------------------|--|---------------|----------------------------|--|------------------------------------|
| 4 | b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C-Question 4.a. This differer "adjusted gross proceeds to the issuer." | nce is the | • | | 3 | · · | 99,955,201 |
| 5 | indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed mu the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. at | an st equal | Payme Office Directo Affilia | ers, ers & | | | Payments to Others |
| | Salaries and fees | | \$ | 0 | | \$ | 0 |
| | Purchase of real estate | | \$ | 0 | _ 🗆 | \$ | 0 |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | 0 | _ = | \$ | 0 |
| | Construction or leasing of plant buildings and facilities | | \$ | 0 | _ 🗆 | \$ | 0 |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger | | \$ | 0 | П | \$ | 0 |
| | Repayment of indebtedness | | \$ | 0 | | \$ | 0 |
| | Working capital | | s | 0 | | \$ | 99,955,201 |
| | Other (specify): | | \$ | 0 | | | 0 |
| | | | s | 0 | | s | 0 |
| | Column Totals | | S | 0 | | | 99,955,201 |
| | Total payments Listed (column totals added) | _ | | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| | D. FEDERAL SIGNATUR | RE | | | | S S S S S S S S S S | |
| CO | is issuer has duly caused this notice to be signed by the undersigned duly authorized personstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502 | n. If this ission, u | notice is filed ur pon written requ | ider Ru | le 505, th s staff, the | e follow e inform | ring signature nation furnished |
| Iss | suer (Print or Type) Signature | | | | Date | | |
| Ed | Ige Partners II, LP | \perp | | | August 1 | 9, 2008 | 3 |
| | ame of Signer (Print or Type) Title of Signer (Print br Type) | | | | | | |
| He | enry M. T. Jones Managing Member of the Gen | erali Par | tner, Edge Asst | Manag | gement, L | .LC | |
| | | | | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | | | | | | | |
|----------|--|---|---|--|--|--|--|--|--|
| 1. | | presently subject to any of the disqualification | ☐ Yes ⊠ No | | | | | | |
| | s | ee Appendix, Column 5, for state response. | | | | | | | |
| 2. | The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as require | s to furnish to any state administrator of any state in which thised by state law. | s notice is filed a notice on Form D | | | | | | |
| 3. | The undersigned issuer hereby undertakes | s to furnish to the state administrators, upon written request, in | nformation furnished by the issuer to offerees. | | | | | | |
| 4. | | e issuer is familiar with the conditions that must be satisfied to is notice is filed and understands that the issuer claiming the abeen satisfied. | | | | | | | |
| | tuer has read this notification and knows the cazed person. | contents to be true and has duly caused this notice to be signed | ed on its behalf by the undersigned duly | | | | | | |
| Issuer (| (Print or Type) | Signature | Date | | | | | | |
| Edge P | Partners II, LP | | August 19, 2008 | | | | | | |
| Name o | of Signer (Print or Type) | Title of Signer (Print 'pr (Type) | | | | | | | |
| Henry | M. T. Jones | Managing Member of the General Partner, Edge | Asset Management, LLC | | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | · | | | | • | | | | |
|-------|---|-----------|--|--------------------------------------|---|------------------------------------|---------------------------------------|-----|--------------|
| 1 | • • 2 | 2 | 3 | 5 | | | | | |
| | Intend to non-ad investors (Part B - | ccredited | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1) | | | | |
| State | Yes No | | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | ··· | <u>-</u> | | <u> </u> | | |
| CA | | Х | \$100,000,000 | 1 | \$550,000 | 0 | \$0 | | х |
| co | | | | | | | | | ļ |
| СТ | ! | | | | | | | | |
| DE | | | | | | | | - | ļ |
| DC | | | | | | | | | |
| FL | | Х | \$100,000,000 | 4 | \$8,903,000 | 0 | \$0 | | Χ. |
| GA | | Х | \$100,000,000 | 11 | \$5,618,756 | 0 | \$0 | | X |
| н | | X | \$100,000,000 | 2 | \$700,000 | 0 | \$0 | | X |
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| KS | | | | | | | | | |
| LA | | х | \$100,000,000 | 1 | \$700,000 | | \$0 | | × |
| ME | | ^ | \$100,000,000 | ' | \$700,000 | 0 | | | |
| MD | | | | | | | | | |
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| NJ | | | | | | | | | |
| NM | | х | \$100,000,000 | 1 | \$1,000,000 | 0 | \$0 | | x |

APPENDIX

APPENDIX

| 1 | 2 | 2 | 3 | | Type of investor and Arnount purchased in State (Part C – Item 2) | | | | | | |
|-------|---|----------|--|--------------------------------------|---|--|----------|-----|----|--|--|
| | Intend to non-ad investors (Part B - | in State | Type of security and aggregate offering price offered in state (Part C – Item 1) | | | | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| NY | | х | \$100,000,000 | 1 | \$2,000,000 | 0 | \$0 | | х | | |
| NC | | х | \$100,000,000 | 1 | \$350,000 | 0 | \$0 | | х | | |
| ND | | | | | | | | | | | |
| ОН | | | | | | | | | | | |
| ОК | | | · | | | | | | | | |
| OR | | | | | | | | | | | |
| PA | | | | | | | <u> </u> | | | | |
| RI | | | | | | | | | | | |
| sc | | | <u> </u> | | | | | | | | |
| \$D | | ľ | | | | | | | | | |
| TN | | × | \$100,000,000 | 1 | \$2,000,000 | 0 | \$0 | | × | | |
| TX | | × | \$100,000,000 | 8 | \$16,000,000 | 0 | \$0 | | × | | |
| UT | | | | | | | | | | | |
| VT | | | | | | | | | | | |
| VA | | х | \$100,000,000 | 1 | \$400,000 | 0 | \$0 | | x | | |
| WA | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
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